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Bib Data Sheet

CONFIRMATION NO. 4036

<b>SERIAL NUMBER</b> 10/036,856	<b>FILING DATE</b> 12/31/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 361331-507
<b>APPLICANTS</b> Dilip Wagle, New York, NY; Martin Gall, Morristown, NJ; Stanley C. Bell, Narberth, PA; Edmond J. LaVoie, Princeton Junction, NJ;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/296,258 06/06/2001 AND CLAIMS BENEFIT OF 60/259,428 12/29/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 02/05/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 7
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 25561				
<b>TITLE</b> Method for treating glaucoma IIB				
<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	